



05-29-03

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Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | | |
|--|----------------------|------------------------|-----------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | Application Number | 09/765,964 | |
| | Filing Date | 01/19/2001 | |
| | First Named Inventor | Salim | |
| | Group Art Unit | Unknown | |
| | Examiner Name | Unknown | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 19382-004 |

| ENCLOSURES (check all that apply) | | |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney or Agent - 1 page |
| Remarks | | It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to charge Deposit Account No. 03-1725 for the required fees. |
| | | |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|---------------------------------|
| Firm or Individual name | James R. Young, Reg. No. 27,847 |
| Signature | |
| Date | 5/28/03 |

| CERTIFICATE OF MAILING | | | |
|--|------------------|------|---------|
| I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 5/28/03 | | | |
| Typed or printed name | Cecil A. Kennedy | | |
| Signature | | Date | 5/28/03 |

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

| | |
|------------------------|--------------------|
| Application Number | 09/765,964 |
| Filing Date | 01/19/2001 |
| First Named Inventor | Salim <i>et al</i> |
| Group Art Unit | Unknown |
| Examiner Name | Unknown |
| Attorney Docket Number | 19382-004 |

To: Assistant Commissioner for Patents
Washington, DC 20231**RECEIVED**

I hereby apply to withdraw as attorney or agent for the above identified application.

MAY 30 2003

The reasons for this request are: the Applicant has decided to prosecute this application himself..

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1. ☐ The correspondence address is NOT affected by this withdrawal.2. ☒ Change the correspondence address and direct all future correspondence to:
CORRESPONDENCE ADDRESS☐ Customer Number
ORPlace Customer Number
Bar Code Label here☒ Firm or
Individual Name Mohammad S. Salim

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Country United States of America

Telephone (303) 449-8897

Fax

☒ This request is made on behalf of myself and☒ all the attorneys/agents of record,☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or☐ the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name James R. Young, Reg. No. 27,847

Signature *James R. Young*

Date 5/28/03

NOTE: Withdrawal is effective when approved rather than when received
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for
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